

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.

FTC and the Professions

TO THE EDITOR: The editorial dealing with the Federal Trade Commission and Health in the June issue is a most important warning to the medical profession. There is a danger to the public and the profession of viewing health care as a "business," "industry" or "trade." Too much emphasis on economics in health care places its providers and the public in ever greater political jeopardy.

I am hoping the AMA heeds your warning. From the frequent allusions to health care as an "industry" in the *American Medical News*, I am afraid they themselves contribute to the atmosphere of misunderstanding. I commend you for your thoughtfulness.

EDWARD PALMER, MD
Lake Oswego, Oregon

More on Saccharin

TO THE EDITOR: I wish to add my views to the discussion about saccharin.

I am dismayed by the stand most physicians and editorials (The Saccharin Affair, *West J Med*, April) are taking on saccharin and related carcinogens. The FDA has no "ax to grind" other than to make a weak attempt to guard the public's health. Its position is being threatened by industry's onslaught—which is understandable—if not commendable. But why our vehemence?

We as physicians, along with others in the scientific community, know that cancer is becoming an increasingly environmentally produced disease. Currently we are exposed to some 25,000 synthetic chemicals, and approximately 700 new compounds a year are being introduced without prescreening for carcinogenicity (example, Tris in our children's nightwear).

Certain types of chemicals have been repeatedly shown to be carcinogenic: aromatic amines, alkylating agents, nitrosamines, polycyclic hydrocarbons—of which coal tars head the list. And saccharin is a coal tar derivative.

It seems simplistic to repeat that rats and humans have the same chemical metabolites, the same covalent bonding which is the necessary precursor to the malignant process, the same target organs. Vinyl chloride carcinogenicity was proven in rats long before it surfaced as angiosarcoma in the human liver. What happens to rats, happens to us.

As to the question of the quantity necessary to produce malignancy in susceptible subjects, there is no test to define the threshold of harmlessness. Oncologists tell us even one cell may generate the fatal process. Effects of carcinogens are dose-dependent, additive and probably irreversible. Although the total daily exposure may be small, it is the total cumulative effect that gives cause for alarm.

Upon whom can we place our reliance for safety and malignancy testing? It would be naive to depend on self-serving industry, which in recent record has deliberately doctored and falsified data regarding toxicity and carcinogenicity of its products—upon whose continued existence its industrial life and stock averages depend. We doctors do not have any national agency for testing products or even drugs—and without FDA warnings we would still be prescribing harmful drugs to our patients daily. Without the FDA we would be returning to days of complete reliance on the PDR and pharmaceutical salesmen as to the safety of products.

Public confidence in the medical profession is at a low ebb. In view of more recent disclosures (bladder cancer via saccharin in men), how can the American people look to us for medical guidance if we continue our present stance?

PAULINE FURTH, MD
Los Angeles